

**PDRC DIAGNOSTIC SERVICES AND TEACHING LABORATORY  
UNIVERSITY OF GEORGIA**

POULTRY DIAGNOSTIC & RESEARCH CENTER, 953 COLLEGE STATION ROAD, ATHENS, GA 30605  
PHONE: 706-542-5657 FAX: 706-542-0252

EMAIL: [PDRC@UGA.EDU](mailto:PDRC@UGA.EDU)

FILLABLE PDF: [HTTP://VET.UGA.EDU/IMAGES/UPLOADS/PDRC/ACCESSION FORM.PDF](http://vet.uga.edu/images/uploads/pdrac/accesion_form.pdf)

**GROWER INFORMATION**

Grower/Farm Name: \_\_\_\_\_ Complex: \_\_\_\_\_ Flock: \_\_\_\_\_  
Grower Company: \_\_\_\_\_ City/State: \_\_\_\_\_ County: \_\_\_\_\_

**REPORTING AND INVOICING INFORMATION**

Send Report and Invoice to: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
CC: E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Submitted by: \_\_\_\_\_

**SPECIMEN INFORMATION:**

Number Submitted: \_\_\_\_\_ Type of specimen: \_\_\_\_\_ From House # \_\_\_\_\_  
Indicate Bird Type:

Broiler	Broiler Breeder	Layer	Layer Breeder	Turkey Breeder	Turkey Meat	Sentinel	Other
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Breed: \_\_\_\_\_ Age: \_\_\_\_\_ wks \_\_\_\_\_ days #Birds on Farm: \_\_\_\_\_ # of Houses: \_\_\_\_\_ # of Houses Affected: \_\_\_\_\_

Bird history or Reason for Submission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE CIRCLE TESTS REQUESTED**

**Histopathology:** Please list tissue submitted \_\_\_\_\_

**Bacteriology** – looking for: \_\_\_\_\_

**Mycoplasma:** Culture \_\_\_\_\_

**Serology: AGP:** Adenovirus Avian Influenza Hemorrhagic enteritis

HI's: Mass 41 Conn 46 Del 072 Ark 99 NDV MG MS MM

ELISAS: ND IBV IBD (Standard) IBD-XR REO MS MG MM CAV AI AE LT LEUK (ALV) SE/ST BioChek  
FAV (Adeno) APV (TRT) REV

**Plate Agglutination Tests:** MS MG Salm. group D **Salmonella Tube Tests:** pullorum/gallinarum enteritidis

**Virus Isolation:** IBV AI LT NDV IBD Marek's REO Adeno Fowl Pox ALV Astro Corona CAV AE

**PCR:** IBV NDV REO IBD MS MG MI MM ALV CAV ILT Salmonella Astrovirus Coronavirus Adeno AE AI Hepatitis E  
Marek's APV FP REV Rotavirus Av. paragallinarum Campy Cl. perfringens Cl. colinum PMV3 C. hepaticus P. multocida

**Genotyping:** Performed on positive PCR reactions (Please state if you **DO NOT** want genotyping)

**Other Tests (please specify):** \_\_\_\_\_  
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